# Maryland Workgroup for Workforce Development of Community Health Workers, 22<sup>nd</sup> September 2014

Arrangements for training, credentialing and payment for Community Health Workers in other states



#### State Presentations

- The state presentations describe and explain each state's legislative and institutional structure for developing and maintaining quality standards and requirements for CHWs practicing in the state.
- The aim is to assist the Maryland workgroup in identifying:
  - (a) the key choices it will need to make in arriving at recommendations regarding the training and credentialing required for CHWs to be certified as nonclinical healthcare providers
  - (b) the alternative approaches through which the state can promote and approve training and credentialing of CHWs
  - (c) payment policies that will support, drive and shape the spread of Community Health Workers across the state



# New Mexico Department of Health Community Health Worker Initiative

# Maryland Workgroup for CHW Workforce Development

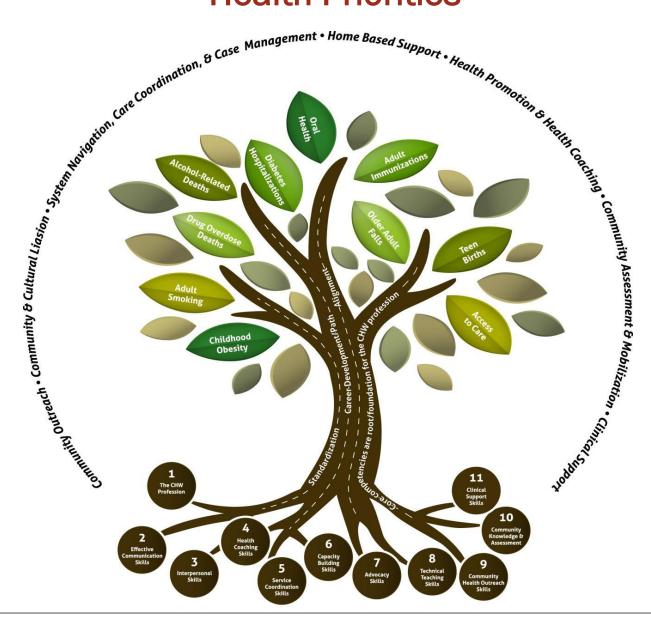
September 22, 2014
Christina Carrillo, M.S.
<a href="mailto:christina.carrillo@state.nm.us">christina.carrillo@state.nm.us</a>
505,222,8671



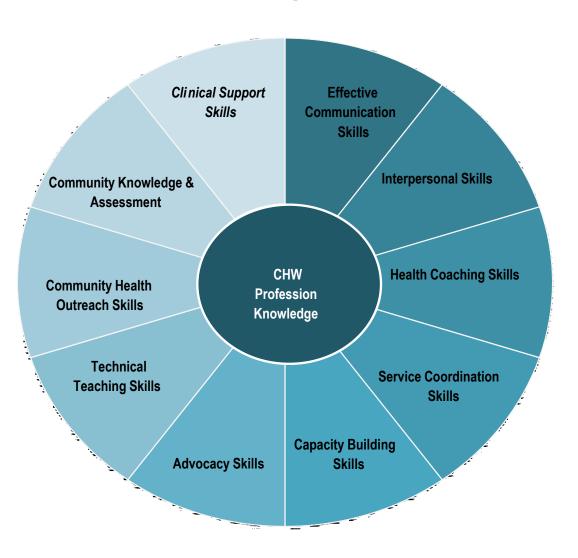
# New Mexico CHW Definition: APHA CHW Section

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

## CHW Core Competencies, Roles and NM DOH Health Priorities



# New Mexico Eleven CHW Core Competencies



#### **New Mexico CHW Competency Standards**

<b>Description &amp; Hours</b>		Aspects of Competency		Training Standards	
CHWs & CHRs in NM need to know their profession's history, modern identity,	1.1 Scope of practice &	1.1.1	Describe the history, role, & impact of CHWs/CHRs in improving individual & community health		
scope of practice, and the bou	cope of practice, and the boundaries and	history of the profession	1.1.2	Describe the NM CHW Scope of Practice	
standards of practice to provide high quality services that are effective and ethical. They need to understand their	1.2 CHW code of ethics, professional	1.2.1	Define the CHW Code of Ethics and demonstrate performance of ethical behavior as a Ch		
		1.2.2	Identify & explain the boundaries of the CHW role, how to establish boundaries with clients, & the role of a CHW on multi-disciplinary teams		
	rights as health professionals and how to manage the stress related to their work. CHWs/CHRs need to understand their unique role as frontline public health workers to successfully address the determinants of health and improve	boundaries, and self care	1.2.3	Describe & utilize self-awareness and self-care practices	
CHWs/CHRs need to unders		1.3 Public health concepts & approaches	1.3.1 Describe the determinants of health & recognize how they impact health ne		
workers to successfully add		1.4 Client-centered approach	1.4.1	.1 Describe a client-centered approach	
individual, family, and community health and well being. As health professionals	1.5 Cultural humility & competence	1.5.1	Recognize and appropriately respond to the beliefs, values, culture, and languages of the Individuals/ communities being served		
CHWs/CHRs need to know of a	and essential members of care teams, CHWs/CHRs need to know of opportunities	1.6 Organizational & professional skills	1.6.1	Prioritize, activities & effectively manage time	
for professional growth and de			1.7.1	Describe & access national & state CHW professional organizations & training resources	
and participate in professional organizations and communities of practice.	1.7 CHW certification & professional	1.7.2	Explain the NM CHW voluntary certification policy & process for obtaining certification (including grandfathering)		
12 Hours		development	1.7.3	Identify and utilize tools and resources for CHW professional development	
CHWs and CHRs in NM must o	ommunicate	2.1 Observation & non- verbal communication	2.1.1	Identify & respond to non-verbal communication	
	effectively in both a professionally appropriate and culturally sensitive		2.1.2	Use appropriate body language & other non-verbal communication skills in communication with individuals	
manner to a diversity of both	665 FEB 561-0-555		2.2.1	Communicate with individuals in a non-judgmental & appropriate manner	
	ind groups that includes their clients, their client's families, service providers, and liverse community contacts. They must be good listeners to gather and share information about the experiences,		2.2.2	Speak & write to individuals in their preferred language at an appropriate literacy level	
				(obtain interpreters if unable to communicate in client's preferred language)	
good listeners to gather a		2.2 Verbal communication	2.2.3	Describe client rights, confidentiality, & health information in clear language & assess cl comprehension	
behavior, strengths and need	44 2006100000		2.2.4	Practice active & reflexive listening & attend to client concerns	
they serve. They must provi	C-10000 C-10000		2.2.5	Ask open ended questions to gather client information & elicit perspectives & needs	
information and support in w			2.2.6	Utilize affirming statement to provide positive reinforcement	
understood and accepted, wor	THE RESERVATION OF THE PERSON.		2.2.7	Use summary statements to review in formation & establish mutual understanding	
1 settings or leading groups	CONTRACTOR STATES		2.2.8	Use written & visual materials that convey information clearly & respectfully	
	education. CHWs and CHRs also need to communicate well and support others in		2.2.9	Utilize basic group communication & facilitation skills when speaking to groups	
			2.2.10	Provide professional appropriate feedback to other members of care team	
situations of conflict or s	stress.	2.3 Negotiate, mediate, & resolve conflict	2.3.1	Assist individuals & groups in managing & resolving conflicts	
		2.4 Documentation	2.4.1	Report relevant information to others succinctly, accurately, and in appropriate format	
			2.4.2	Document information in an effective, efficient, and timely manner	

Description & Hours	Aspects of Competency	Training Standards			
CHWs and CHRs in NM need to have a		3.1.1 Engage clients & service providers in ways that establish trust & rapport			
strong capacity to develop positive	3.1 Establish trust	3.1.2 Create a non-judgmental atmosphere in interactions with clients & their families			
relationships with the diversity of people		3.1.3 Utilize a client and community-centered approach (assets-based, non-directive)			
with whom they interact. To do so, they must be able to listen, & respond to clients	3.2 Build Relationships	3.2.1 Establish relationships with individuals, their families, and providers			
and communities with care, compassion	3.2 Build Relationships	3.2.2 Adapt strategies to unique client characteristics and circumstances			
and kindness.		3.3.1 Demonstrate sensitivity, respect, and empathy			
8 Hours	3.3 Demonstrate empathy compassion	3.3.2 Embrace difference non-judgmentally & be sensitive to the experience of clients & their families			
CHWs and CHRs in NM need to be able to	4.1 Health promotion &	4.1.1 Provide information about health risks & possible problems in a manner that allows client families to face current of potential problems with minimal fear and avoidance			
consistently support their clients and their clients' families to adopt and maintain	disease prevention	4.1.2 Define, provide tools, & implement preventive health measures with clients & the community			
positive behavior changes. They need to be able to apply knowledge of the impacts of		4.2.1 Utilize various motivational approaches to gather client's health goals & priorities			
positive and risky behaviors. They must also be able to engage clients to gather	4.2 Behavior change	4.2.2 Identify & strategize coaching interventions using the stages of change model			
information on barriers to change, goals, and need in order to adapt strategies for	strategies	4.2.3 Utilize behavior change strategies to collaboratively develop, implement, and revise healt goals & self-management plans with clients			
prevention and maintenance of health		4.2.4 Respect & actively support client's choices and preferences			
conditions to meet the needs of those they serve.	4.3 Maintenance & relapse	4.3.1 Identify & integrate formal & informal resources to support client choices & preferences			
16 Hours	prevention	4.3.2 Document information in an effective, efficient, and timely manner			
CHWs and CHRs in NM need a thorough	5.1 Case finding &	5.1.1 Identify high risk clients or clients with unmet needs			
understanding of local, state, and national	recruitment	5.1.2 Record & maintain information on clients, referrals, & appointments			
resources, eligibility requirements, and processes for accessing to ensure their client receive needed care. They must be		5.2.1 Develop & document lists of clients, partnership networks and institutional resources, to address individual, family, & community needs & to improve service delivery			
able to support advocate on behalf of their		5.2.2 Establish & maintain relationships with staff at referral organizations			
clients to ensure care is received in a	5.2 Navigation & linking to	5.2.3 Refer clients to appropriate service providers & confirm that appointments were kept			
timely fashion, and support clients to gain confidence with self-advocacy and follow-	services	5.2.4 Advocate effectively with others so that clients receive needed care in timely manner			
up of referrals. CHWs/CHRs need to build		5.2.5 Train clients how to follow-up on referrals and provide support as needed			
and maintain positive relationships with a broad network of community support		5.2.6 Facilitate client enrollment into appropriate programs			
services and care providers, to identify		5.2.7 Serve as a liaison between organizations & specific groups			
barriers to accessing care and develop strategies to overcome them.	5.3 Case Management	5.3.1 Help improve access to resources by identifying barriers, documenting details, & developing strategies to remove them			
8 Hours		5.3.2 Provide information & support to individuals to self advocate			

Description & Hours	Aspects of Competency	Training Standards			
CHWs and CHRs in NM need to be able support their clients, their clients' families, and their communities to strengthen their ability to care for themselves. They must be able to work with and mobilize diverse individuals and groups to identify	6.1 Strengths- based approach	6.1.1	Build upon rapport with clients & their families to help them identify their own strengths problem solving abilities		
	6.2 Individual empowerment	6.2.1 6.2.2	Broaden clients' awareness of factors that influence individual & family behavior Continue to learn new ways of service the community and support others to do the sam		
	6.3 Health literacy	6.3.1	Promote & support clients, families, & communities to obtain, understand, & use health information		
strengths and resources, develop plans to address needs, and take action to achieve	6.4 Community organizing	6.4.1	Mobilize individuals, families, & communities to identify & pursue community goals		
their goals.		6.4.2	Identify community leaders and allies		
,,		6.4.3	Work with others to organize appropriate & effective community events, forums, and ac		
12 hours		6.5.1	Build personal leadership skills		
	6.5 Leadership development	6.5.2	Support the development of leadership skills in others		
CHWs and CHRs in NM need to be able to	7.1 Speak on behalf of	7.1.1	Speak for individuals or communities to overcome barriers & withstand intimidation		
effectively advocate on behalf of their	individuals & organizations	7.1.2	Promote self-confidence of individuals to speak out for themselves & others		
clients and communities within their		7.1.3	Train individuals & communities in advocacy techniques		
agencies and with other providers, to ensure clients receive needed care in a timely fashion. They must be able to	7.2 Educate health & social service system	7.2.1	Promote a cause that is relevant to the community served, and organize individuals, resources, and data to support the cause		
support their clients to gain the skills and			Maintain awareness of structural & policy changes in the health & social service systems		
confidence they need to advocate for their health and create meaningful change in		7.2.3	Participate in agency and public efforts to promote awareness & respect for differing cul groups in the community		
their communities. They need to be able to	7.3 Work for change in practices & policies	7.3.1	Be aware of common challenges to human, civil, & legal rights		
raise awareness of health issues and		10110010100	Identify health issues that can be effectively addressed with advocacy		
support changes in broad policies and practices to address community needs.		7.3.3	Identify decision makers and individuals/groups of influence		
8 Hours		7.3.4	Assist individuals & communities to take collective action		
HWs and CHRs in NM need to understand	8.1 Adult learning principles	8.1.1	Utilize adult learning principles $\&$ methods to motivate, inspire, and promote learning in on-1 and group settings		
the principles of adult learning to address		8.1.2	Use training strategies & techniques that address various learning styles		
learners' interests and needs, as well as to ensure content, materials and delivery		8.1.3	Provide reliable information appropriate to the needs of the learner		
methods are appropriate for their		8.2.1	Plan & organize presentation, training sessions, workshops & other activities		
audience. They need to utilize and adapt		8.2.2	Identify and select audience appropriate training materials		
health education methods to address different learning styles, and incorporate		8.2.3	Identify & explain training program goals & objectives		
participant feedback into their training	8.2 Health education with individuals & groups	-	Support active & equal participation in groups		
sessions.  8 Hours		8.2.5	Seek & incorporate feedback from training participants		
		8.2.6	Evaluate the effectiveness of training program		
		8.2.7	Operate commonly used audiovisual equipment		
	8.3 Effective Meetings	8.3.1	Planning meeting agenda & manage time appropriately		

	Description & Hours	Aspects of Competency	Training Standards				
reach skill	CHWs and CHRs in NM need to have a comprehensive understanding o the strengths and limitations of working out in the community, including identifying and planning appropriate responses to challenging boundary issues and safety concerns. They must be able to adopt and use different outreach strategies to bring information and services to areas of need, and support the creation of networks between care providers and the community.  8 Hours	9.1 Indications for using outreach	9.1.1	Identify health issues to be addressed by outreach & desired health outcomes			
		9.2 Planning & conducting health outreach including home visiting	9.2.1	Define communities to be served by outreach			
			9.2.2	Identify basic geographic& structural features that support & inhibit outreach in the community			
			9.2.3	Build relationships through community networking, community forum, and organization allies			
ı			9.2.4	Build a positive reputation in communities for outreach			
: Health			9.2.5	Identify & respond to ethical challenges in outreach			
			9.2.6	Engage in & utilize appropriate outreach methods (individuals vs. groups, home vagency outreach, street outreach, activity based outreach, social marketing, etc			
			9.2.7	Adapt outreach strategies based-on population			
		9.3 Safety	9.3.1	Identify personal safety issues and plan responses to potentially dangerous situation			
corr co able ar c hec in co ne		10.1 Gather community knowledge & strengths	10.1.1	Identify document community strengths, assets, and resources			
	CHWs and CHRs in NM need to have a thorough understanding of their community's strengths & assets, needs & concerns, and their goals. They must be able to use a variety of methods to gather and document this information, and be able to apply basic health and public health concepts to use the information to inform the planning, development, and evaluation of programs to address community needs. CHWs and CHRs also need to be able to translate and present health data and assessment results in a simple format that is easily understood by the community.  8 hours		10.1.2	Identify community leaders, organizations, and characteristics important to improving, a maintaining client and community health			
		10.2 Identify community needs and priorities	10.2.1	Stay current on issues affecting individuals & know how & where to find answers to diffi questions			
			10.2.2	Identify, assess, and document community needs using health status data, demographic information, surveys, focus groups, canvassing, etc			
			10.2.3	Acquire information on specific health trends and topics			
		10.3 Share results	10.3.1	Document findings and share results to support program planning, implementation, and evaluation			
			10.3.2	Share results with community in way that is clear and understood			

	Description & Hours	A	Aspects of Competency		Training Standards
				11.1.1	Explain blood pressure procedure
				11.1.2	Correctly measure blood pressure
				11.1.3	Provide patients with results and interpretation of blood pressure
				11.1.4	Recognize blood pressure values requiring follow up with provider, including urgent care.
		11.1 BI	11.1 Blood Pressure: Technique, Interpretation & Coaching	11.1.5	Assess patient understanding and clarify questions of blood pressure results
		Int		11.1.6	Explain importance of blood pressure
				11.1.7	Define the goal blood pressure for patient
			11.1.8	Engage patient to learn what they do to control their blood pressure	
				11.1.9	Develop action plan with patient to help them lower blood pressure
			11.1.10	Confirm mutual understanding and answer questions about plan	
				11.2.1	Explain BMI procedure and the importance of assessing BMI
			11.2.2 Correctly measure weight  Height, Weight, & BMI: 11.2.3 Correctly measure height  Technique & Interpretation 11.2.4 Correctly figure BMI	11.2.2	Correctly measure weight
S		11.2 H		Correctly measure height	
Ē				11.2.4	Correctly figure BMI
t S	Some CHWs and CHRs in New		11.2.5	Provide patient with results and interpretation of BMI	
<u> </u>	Mexico utilize clinical skills to			11.2.6	Assess understanding and answer questions
Clinical Support Skills	conduct screening and support			11.3.1	Explain procedure and importance of testing
Ϋ́	standards of care. Clinical skills			Correctly collect blood sample and dispose of materials	
E	may be provided to the patient as a part of a healthcare team in a			11.3.3	Demonstrate correct meter operation
Ö	clinical, home, or community setting.	11.3 Blood Glucose Technique,	11.3.4	Provide patient with results and interpretation (recognize normal, low , and high results for	
ᆵ			Interpretation & Coaching		both fasting and post-meal tests)
				11.3.5	Recognize blood glucose values requiring intervention, including urgent care.
11				11.3.6	Explain and recommend typical testing pattern
Optional 11:			11.3.7	Assess understanding and answer questions	
Ö	0.11			11.4.1	Explain the importance of A1C and the dangers of high and low blood sugar
ţ	9 Hours	11 4 4	440.1	11.4.2	Define the ideal A1C range for the patient as determined by their provider
ŏ		11.4 A1C: Interpretation & Coaching	11.4.3	Review and interpret A1C results for patient	
			odciiiig	11.4.4	Review causes of high blood sugar with patient and help to identify action steps to focus on
			11.4.5	Assess understanding and answer questions	
			11.5.1	Explain the importance of HDL,LDL, and triglycerides	
			11.5 Cholesterol : Interpretation	11.5.2	Define ideal target range for patient
		11.5 0		11.5.3	Review patient lipid panel
		& Coaching	11.5.4	Interpret results for patient	
			<b>-</b>	11.5.5	Review causes of high cholesterol with patient and help to identify action steps to focus on
				11.5.6	Assess understanding and answer any questions
			11.6 Oxygen Saturation, Pulse, Respiration Rate & Temperature: Technique,	11.6.1	Explain procedure and importance of oxygen saturation
					Explain procedure for assessing pulse, respiration rate and temperature
					Recognize normal and out of range values for these assessments
		T			Notify provider of abnormal results

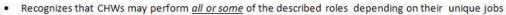
#### **CHW Roles/Scope of Practice**

200	New Mexico Department of Health Office o		
L	CHW/CHR Scope of Practice: Role	s an	d Related Tasks
	<ul> <li>Scope of Practice represents the full range of what CHWs can do and se roles depending on their job</li> </ul>	recog	gnizes that CHWs may perform <u>all or some</u> of
بى	Community Outreach		
ROLE	☐ Find and recruit individuals & families ☐ Utilize community health outreach methods and strategies ☐ Conduct home visits		Promote health literacy Perform advocacy activities Conduct community organizing activities
ROLE	Community & Cultural Liasion  Practice cultural sensitivity & cultural competence Provide culturally and linguistically –appropriate services		Translate & interpret Perform advocacy activities
÷	System Navigation, Care Coordination, & Case	M	anagement
ROLE	□ Connect with clients and families     □ Identify individual strengths and needs     □ Address basic needs (food, shelter, safety)     □ Promote understanding of health information     □ Promote understanding of educational health materials     □ Set goals and provide action planning     □ Navigate health & social service systems     □ Facilitate enrollment in health programs & Services	_ _ _	Translate and interpret Coach on problem solving Provide moral support Coordinate referrals, care, & follow-up Provide feedback to medical providers Promote follow-up/ maintenance of treatment Record and document information
ROLE	Home Based Support  Connect with clients and families Conduct home visits and environmental assessments Promote understanding of health information Promote understanding of educational health materials		Promote self-sufficiency Provide moral support Teach families how to self-advocate
ROLE	Health Promotion & Health Coaching  Translate and interpret Teach health promotion and prevention Coach on problem solving , self-care, & self management Support & model behavior change Promote understanding of health information Promote understanding of educational health materials		
ROLE	Community Assessment & Mobilization    Identify community strengths and needs   Utilize community-based research tools & methods   Communicate & represent needs of community to partners & organizations   Develop & implement community action plans	0	Conduct interviews Enter data and conduct web searches Record and document information Conduct community organizing Perform advocacy activities
ROLE	Clinical Support  Conduct health screenings Measure and respond to vital signs Promote follow-up/ maintenance of treatment Arrange/provide transportation/ambulance as		Conduct home visits  Translate and interpret  Link to available health services & low/no cost support programs  Document & record information

#### Scope of Practice and Competencies

Relationship between the NM CHW Scope of Practice and the NM 11 CHW Core Competencies

NM CHW Scope of Practice represents the full range of what CHWS can do and defines the CHW profession.



- Is based on the input of NM CHWs, employers, & the results of NM & national CHW workforce studies
- Is based on the roles & tasks CHWs perform, and includes the knowledge, skills, & attributes needed to perform them



RoleS are like the different "hats" CHWs wear in their jobs.

Roles are the broad functions CHWs carry out (ex: navigation vs. home visiting)

Tasks are the activities that CHW do when "wearing a particular hat"

Some tasks are related to more than 1 role



#### Core Competencies are the essential knowledge & skills that CHWs use to accomplish their tasks

- Competencies support CHWs to work as generalists. Training in specialty topics (like diabetes) may also be needed
- New Mexico's 11 CHW Core Competencies are directly aligned with:
  - ✓ National standards endorsed by the American Public Health Association CHW Section
  - ✓ Recommendations of the New Mexico CHW Association, regional Promotora Committees, and the NM CHW Advisory Council



#### QualitieS are personal characteristics that make CHWs effective in the application of their skills & knowledge.

- They are the foundation of the profession. They can be strengthened but usually not taught.
- Desire to help
- Trusted member of the community
- Friendly & inclusive

- ✓ Understanding & non-judgmental
- Kind & compassionate
- Self confident & courageous
- Respectful

- ✓ Committed/ dedicated
- / Flexible
- Responsive
- / Reliable

#### **NM CHW Certification Act**

#### Part of the Governor's Healthcare Workforce Initiative

- ☐ Increase access to care
- Develop health care workforce
- ☐ Improve quality of care
- Promote job opportunities
- ☐ Support sustainable funding for CHW services
- ☐ First step in Medicaid reimbursement

- Voluntary CHW Certification
- Grandfathering
- Renewal
- Standardize CHW training in multiple settings
- ☐ CHW Registry
- Background Check
- □ 18 years +

# Pathways for New Mexico CHW Certification

**Formal State** A standardized public domain curriculum that can be Core delivered in multiple settings Competency Curriculum OR **State Endorsed IHS Basic Training** Culturally appropriate alternative that can be delivered locally Curriculum OR **State Endorsed Endorsement of CHW training programs that demonstrate** CHW/CHR alignment with the competencies **Trainings** 

Statewide
CHW Training
&
Certification

#### 200 Hours Total

- 100 classroom hours
- 100 experience hours
- Grandfather option for documented 2000 hours of experience for a 2-year window after program implemented

# Exploration of Payment Models for NM CHWs

- Wage generally ranges between \$11.00-\$18.00 / hr
- Often volunteer services
- Work in a variety of settings:
  - Health Centers
  - Federally Qualified Health Centers
  - Managed Care Organizations
  - Public/Community Health Commons Facilities
  - Hospitals
  - Tribal Communities
    - Community Based Organizations

#### Where Are We Now?

#### <u>CHW</u> <u>Certification Act</u>

Rules/Regulations

Certification Board

Grandfathering

On-line Application

Registry

Standardized Core and Specialty Training

#### <u>Partnerships &</u> <u>Collaborations</u>

CHW Advisory
Council

Universities and Community Colleges

Associations and Committees

Legislative Task Forces and Work Groups

#### Funding of CHW Services

Human Services Division

Managed Care Organizations

Community Health Centers/Hospitals

Community Based Organizations

**Grant Applications** 

#### **Evaluation**

Certification Process

Impact on Job Market

CHW Career Development

Integration of CHWs

Contributions for Access to Care

#### Partnerships and collaborations









































#### Presentation 2

### Joan Cleary

#### Minnesota



#### Minnesota CHW Alliance

- The Alliance is a Minnesota nonprofit committed to equitable and optimal outcomes for all communities.
- We build systems' and community capacity for better health through the integration of CHW strategies.



#### **CHW Definition**

# The Minnesota Community Health Worker Alliance uses the following CHW definition:

 Community Health Workers (CHWs) come from the communities they serve, building trust and vital relationships. This trusting relationship enables CHWs to be effective links between their own communities and systems of care. This crucial relationship significantly lowers health disparities in Minnesota because CHWs: provide access to services, improve the quality and cultural competence of care, create an effective system of chronic disease management, and increase the health knowledge and self sufficiency of underserved populations.

### **CHW Training Curriculum**

- In 2003, the Healthcare Education Industry Partnership at Minnesota State University, Mankato, was awarded a grant to develop a statewide, standardized, competency-based CHW curriculum in higher education.
- This grant was informed by CHW employer survey findings that employers saw a positive outlook for CHW employment and identified a need for standardized training. CHW focus group results showed support for CHW education and professional development.
- A broad-based, multi-sector group was formed to design, pilot and finalize the curriculum with representation from CHWs, health providers, public health, health plans, community-based organizations, voluntary health associations, professional associations, funders and others.

### CHW Training Curriculum, cont.

- The group's first step was to create a scope of practice and define competencies.
- With additional support, the curriculum was drafted and then piloted and launched as an 11 credit program.
- Revised in 2010, the expanded 14 credit curriculum includes: (1) core competencies; (2) health promotion competencies; and (3) field competencies through an 80 hour internship experience.
- In-person and online versions are now available.
- Currently seven schools offer the curriculum including five in the Minnesota State College and University System, one private university and one opportunity industrialization center. Over 500 CHWs have earned a certificate.
- For an overview of the curriculum, see: http://s472440476.onlinehome.us/wpcontent/uploads/2013/05/EducationCurriculum.pdf

### CHW Training Curriculum, cont.

- The curriculum was intentionally created as a credit-bearing program in order to create an educational pathway for CHWs—not a dead-end.
- Credits are articulated with other health occupations in the Minnesota State College and University System
- Most health professionals in Minnesota are trained in higher education settings.
- CHW certificate holders can provide the know-how and inspiration for their families and communities to pursue higher education.
- We know that more highly educated people are healthier and live longer.

#### **Core Competencies**

- Role, Advocacy and Outreach
- Organization and Resources: Community and Personal Strategies
- Teaching and Capacity Building
- Legal and Ethical Responsibilities
- Coordination, Documentation and Reporting
- Communication and Cultural Competence

## Health Promotion Competencies

- Healthy Lifestyles
- Heart Disease and Stroke
- Maternal/Child/Teen Health
- Diabetes
- Cancer
- Oral Health
- Mental Health

### **Practice Competencies**

- Student Field Explorations
- Student Field Applications
- Student Field Internship

# CHW Roles Scope of Practice

- Bridge the gap between communities and the health and social services system
- Navigate the health and human services system
- Advocate for individual and community needs
- Provide direct services
- Build individual and community capacity
- Job-specific roles defined by CHW employers

#### Certification

- Minnesota does not yet have a state certification program for CHWs.
- We have a statewide CHW curriculum offered by post-secondary schools that leads to a certificate recognized by the MN Dept of Human Services, our state Medicaid agency.
- While we have chosen to be a leader in CHW education and payment, we have opted to observe and learn from other states' experience with CHW occupational regulation. Roster/registry under consideration.

#### Payment Models

- CHW services in Minnesota are supported by a variety of funding sources including grants, contracts, operating funds and Minnesota Health Care Programs (Medicaid, known as Medical Assistance in MN, as well as MinnesotaCare)
- Successful legislation passed in 2007 called for Medical Assistance coverage of care coordination and patient education services provided by a CHW with a certificate or grandfathered in who works under clinical supervision. See MN Statutes 2008, section 256B.0625, subdivision 49.

#### Payment Models, cont.

- Based on the 2007 statute and subsequent amendments, the MN Dept of Human Services (DHS) submitted a state plan amendment, approved by CMS, for coverage of diagnosticrelated patient education services provided by CHW certificate holders under authorized clinical supervision.
- Coverage applies to FFS Medicaid as well as managed care.
- This payment stream is available to Medicaid-enrolled providers. CBO members of the Alliance who employ CHWs are exploring contract arrangements.
- For specifics, refer to DHS Provider Manual: <u>http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\_DY\_NAMIC\_CONVERSION&RevisionSelectionMethod=LatestRelea\_sed&dDocName=dhs16\_140357</u>

#### For more information

- Visit our website: <u>www.mnchwalliance.org</u>
- Read background report:
   https://www.bcbsmnfoundation.org/system/asset/resource/pdf\_file/26/C

   HW report 2010.pdf
- Contact: Joan Cleary, MM

Minnesota CHW Alliance

joanlcleary@gmail.com

612-250-0902

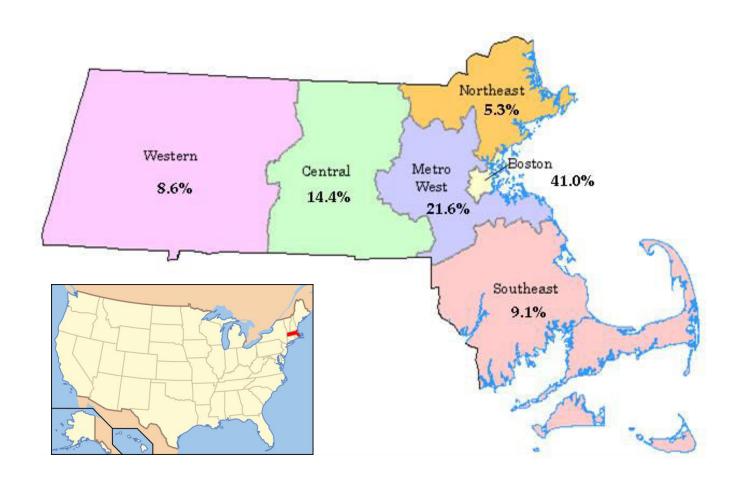
#### **Presentation 3**

#### **Geoff Wilkinson**

Massachusetts



#### Massachusetts



#### Definition

Mass. DPH uses the following definition of a Community Health Worker:

"...public health workers who apply their unique understanding of the experience, language, and/or culture of the populations they serve in order to carry out one or more of the following roles:

- Providing culturally appropriate health education, information, and outreach in communitybased settings, such as homes, schools, clinics, shelters, local businesses, and community centers;
- Bridging/culturally mediating between individuals, communities and health and human services, including actively building individual and community capacity;
- Assuring that people access the services they need;
- Providing direct services, such as informal counseling, social support, care coordination, and health screenings; and
- Advocating for individual and community needs.
- CHWs are distinguished from other health professionals because they:
- Are hired primarily for their understanding of the populations and communities they serve;
- Conduct outreach a significant portion of the time in one or more of the categories above;
- Have experience providing services in community settings."

## **CHW Training Curriculum**

- Training programs currently have flexibility in curriculum design and delivery
  - Current range of 45 55 hours avg.
- State certification will include training standards:
  - Core competency based
    - 80% core competencies, 20% special topics
  - Minimum 80 hours
  - CHW trainers required in training teams
  - On-line only training prohibited



### **Core Competencies**

- Core competencies defined by state board of certification, based on statute:
  - #1: Outreach Methods and Strategies
  - #2: Individual and Community Assessment
  - #3: Effective Communication
  - #4: Cultural Responsiveness and Mediation
  - #5: Education to Promote Healthy Behavior Change
  - #6: Care Coordination and System Navigation
  - # 7: Use of Public Health Concepts and Approaches
  - #8: Advocacy and Community Capacity Building
  - #9: Documentation
  - #10: Professional Skills and Conduct

#### **CHW Roles**

Certification regulations will define CHW scope of practice, as follows:

- providing culturally appropriate health education, information and outreach...
- bridging or culturally mediating between individuals, families, communities, services...
- assuring that community members access the health and human services they need...
- providing direct services, such as informal counseling ...
- advocating for individual, family, and community needs ...
- additional roles as may be identified by the board ...

CHW scope of practice does not include any act or service for which a license or registration issued by a professional licensing board is required.

"Health and human services" include:

- 1) health insurance programs and coverage;
- 2) programs and services offered through state and federal HHS agencies
- 3) policies, programs, and services reasonably related to promotion and protection of human health.

#### Certification

- Massachusetts is in advanced stages of adopting state certification for CHWs.
  - Based on Chap. 322, Acts of 2010
  - Certification under auspices of state department of public health, division of health professions licensure
  - Voluntary program (title act, not practice act)
  - Regulations to be adopted fall, 2014
  - Overseen by board appointed by governor
  - CHWs have plurality of seats on board
  - Standards for individual CHWs, training programs, and CHW trainers

### Payment Models

- MassHealth 1115 waiver supports bundled payment pilot for CHW home visits with high-risk pediatric patients
  - SPA discussion with state Medicaid agency underway
- Other payment models to support CHW activity include:
  - Categorical grant funding
    - State-funded (e.g. Prevention Wellness Trust)
    - Federally funded (e.g., chronic disease integration, HIV/AIDS)
  - Provider core budgets (e.g., hospital navigators, community health centers)

#### Web Resources

- Mass. DPH Office of CHWs:
  - shttp://www.mass.gov/eohhs/gov/departments/d ph/programs/community-health/primarycarehealthaccess/healthcare-workforce-center/commhealth-wkrs/
- Mass. Board of Certification of CHWs:
  - http://www.mass.gov/eohhs/gov/departments/d ph/programs/hcq/dhpl/community-healthworkers/about/

#### **Contact Information**

Gail Hirsch, Director, Office of Community Health Workers, Mass. Dept. of Public Health

Gail.Hirsch@state.ma.us

(617) 624-6016

Geoff Wilkinson, Clinical Associate Professor, Boston University School of Social Work

gww@bu.edu



#### **Questions & Answers**

